

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. ....

11967

2910

FILED APR 4 1953

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2259</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>712 O'Fallon</b>				d. STREET ADDRESS (If rural, give location) <b>712 O'Fallon</b> <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LUKE</b>		b. (Middle)		c. (Last) <b>MAJNARIC</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 15 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Oct. 18, 1888</b>	
9. AGE (In years last birthday) <b>64</b>		10. MONTHS <b>64</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bank Clerk-First Nat'l. Bk. St. L. Mo.</b>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <b>Luka Majnaric</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Frieda Majnaric</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Georgia White 1216 N. 8th St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Endocarditis</b> ANTECEDENT CAUSES <b>Hypertensive myocardial disease</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Ischemic heart disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>724X</b>			
22. I hereby certify that I attended the deceased from <b>March 12, 1953</b> to <b>March 14, 1953</b> that I last saw the deceased alive on <b>March 14, 1953</b> , and that death occurred at <b>12:50 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) <b>Marlin J. Haver M.D.</b>				23b. ADDRESS <b>506 Olive St.</b>		23c. DATE SIGNED <b>3/16/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Rail)</b>		24b. DATE <b>3-17-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Uniontown, Pa.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>MAR 17 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl</b>			

E.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William B. White

Licensed Embalmer No. 4281

P. O. Address 4228th King Highway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.